

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39398

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson City (No. St. Mary Hope) St. _____ Ward _____

2. FULL NAME

CYRIL EISENRAAT
(a) Residence, No. RHINELAND, Mo. St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 5

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RHINELAND 0

FATHER
13. NAME PAUL EISENRAAT 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RHINELAND 0

MOTHER
15. MAIDEN NAME OLIVIA HAGEDORN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RHINELAND

17. INFORMANT PAUL EISENRAAT
(ADDRESS) RhineLand, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE RhineLand Mo DATE 11/5 1939

19. UNDERTAKER (ADDRESS) Paul Eisenraat (John)

20. FILED 11/6 1939 Subs. of Paul
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 3 1939
22. I HEREBY CERTIFY, That I attended deceased from OCT. 12 1939 to NOV. 3 1939
I last saw h.i.m. alive on NOV. 3 1939. Death is said to have occurred on the date stated above, at 3:55 p.m.
The principal cause of death and related causes of importance were as follows:

PNEUMOCOCCIC PNEUMONIA
(Type VII + XIV
Branches)

Date of onset 10/12/39

Other contributory causes of importance: None 107

Name of operation None Date of _____
What test confirmed diagnosis? John King Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Subs. of Paul, M. D.
(Address) Jeff City, Mo

